## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

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	SERIAL NO.	FILING DATE
	10/566147	
- 1	APPLICANT(S)	

AS FILED AFTER AFTER  1"AMENDMENT 2"AMENDMENT		(FOR USE WITH FORM PTO-875)								
ASTILED   1'AMENDMENT   2"AMENDMENT   1   1   1   1   1   1   1   1   1	<b> </b> -		<u>.</u>	AF	TED	ATO	C			
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U.S. DEPARTMENT of COMMERCE